

## Face Sheet for an Enhancement Grant

1. Name of Tribe or Alaska Native Village/Corporation \_\_\_\_\_

2. Applicant's Mailing Address \_\_\_\_\_

3. City \_\_\_\_\_ 4. State \_\_\_\_\_ 5. ZIP Code \_\_\_\_\_

6. DUNS Number (9 digits) \_\_\_\_\_ 7. Taxpayer Identification Number (9 digits) \_\_\_\_\_

8. Name and Title of Authorizing Official \_\_\_\_\_

9. Authorizing Official Mailing Address \_\_\_\_\_

10. City \_\_\_\_\_ 11. State \_\_\_\_\_ 12. ZIP Code \_\_\_\_\_

13. Business Phone of Authorizing Official \_\_\_\_\_ 14. Business Fax of Authorizing Official \_\_\_\_\_

15. E-mail Address of Authorizing Official \_\_\_\_\_

16. Name and Title of Project Director ☐ Mr. ☐ Ms. ☐ Dr. \_\_\_\_\_

17. Business Phone of Project Director \_\_\_\_\_ 18. Affiliation of Project Director (name of library, school, etc.) \_\_\_\_\_

19. Project Director's Mailing Address \_\_\_\_\_

20. City \_\_\_\_\_ 21. State \_\_\_\_\_ 22. ZIP Code \_\_\_\_\_

23. FAX Number of Project Director \_\_\_\_\_ 24. E-mail Address of Project Director \_\_\_\_\_

25. Institutional Profile:

• Number of hours open per week \_\_\_\_\_

• Number of library staff \_\_\_\_\_

Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

• Number of circulation transactions per year \_\_\_\_\_

• Number of holdings (books, subscriptions, media) \_\_\_\_\_

• Does the library have access to the Internet? \_\_\_\_\_

• Does the library provide public access to the Internet? \_\_\_\_\_

• Amount of operating budget for library services in most recently completed fiscal year (include all sources) \_\_\_\_\_

26. Project Title: \_\_\_\_\_

27. In the space below or on a separate page, summarize the project activities in 200 words or less.

28. Grant Amount Requested from IMLS \$ \_\_\_\_\_
29. Amount of Cost Sharing \$ \_\_\_\_\_
30. Total Project Costs from all Sources \$ \_\_\_\_\_
31. Grant Period (check one) ☐ one-year grant ☐ two-year grant
32. Grant Period (start date) \_\_\_\_ / 01 / \_\_\_\_ – \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (end date)
33. Digitization Project ☐ Yes ☐ No

**To the best of my knowledge and belief, the information provided in this application is true and correct. This application has been duly authorized by the governing body of the applicant, and the applicant will comply with all grant terms and conditions and with the assurances and certifications that appear in the IMLS Native American Library Services guidelines.**

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(Name and Title of Authorizing Official)

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(Signature)

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(Date)

# Project Budget Form

YEAR 1/PAGE 1

## SECTION 1: DETAILED BUDGET

**IMPORTANT! READ INSTRUCTIONS ON PAGES 3.15–3.17 BEFORE PROCEEDING.**

Name of Applicant \_\_\_\_\_

### **SALARIES AND WAGES (PERMANENT STAFF)**

NAME/TITLE	NO.	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
<b>TOTAL SALARIES AND WAGES</b>			<b>\$</b>		

### **SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)**

NAME/TITLE	NO.	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
<b>TOTAL SALARIES AND WAGES</b>			<b>\$</b>		

### **FRINGE BENEFITS**

RATE	SALARY BASE	IMLS	COST SHARE	TOTAL
_____	% of \$ _____	_____	_____	_____
_____	% of \$ _____	_____	_____	_____
_____	% of \$ _____	_____	_____	_____
_____	% of \$ _____	_____	_____	_____
<b>TOTAL FRINGE BENEFITS</b>		<b>\$</b>		

### **CONSULTANT FEES**

NAME/TYPE OF CONSULTANT	RATE OF COMPENSATION (DAILY OR HOURLY)	NO. OF DAYS (OR HRS) ON PROJECT	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTAL CONSULTATION FEES</b>			<b>\$</b>		

### **TRAVEL**

FROM/TO	NUMBER OF: PERSONS DAYS	SUBSISTENCE COSTS	TRANSPORTATION COSTS	IMLS	COST SHARE	TOTAL
IMLS Meeting	( ) ( )	_____	_____	\$2,500	_____	_____
_____	( ) ( )	_____	_____	_____	_____	_____
_____	( ) ( )	_____	_____	_____	_____	_____
_____	( ) ( )	_____	_____	_____	_____	_____
<b>TOTAL TRAVEL COSTS</b>				<b>\$</b>		

# Project Budget Form

YEAR 1 / PAGE 2

## SECTION 1 CONTINUED

**MATERIALS, SUPPLIES AND EQUIPMENT**

ITEM	BASIS/METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL COST OF MATERIALS, SUPPLIES &amp; EQUIPMENT \$</b>		_____	_____	_____

**SERVICES**

ITEM	BASIS/METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL SERVICES</b>		<b>\$</b> _____	_____	_____

**OTHER**

ITEM	BASIS/METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL COST OF OTHER</b>		<b>\$</b> _____	_____	_____

	IMLS	COST SHARE	TOTAL
<b>YEAR ONE DIRECT PROJECT COSTS</b>	_____	_____	_____
<b>YEAR ONE INDIRECT PROJECT COSTS CHARGED TO</b> (see below to calculate Indirect Costs)	_____	_____	_____
<b>YEAR ONE TOTAL PROJECT COSTS</b> (Direct and Indirect Costs)	_____	_____	_____

**CALCULATE INDIRECT COSTS:**

IMLS will pay indirect costs only on the direct costs requested from IMLS.

Applicant is using:

- ☐ An administrative fee which does not exceed 15% of modified total direct costs charged to IMLS
- ☐ Federally negotiated cost rate that will be in effect as of October 1, 2005, or a copy of a rate proposal that is currently under consideration (enclose copy with application)

\_\_\_\_\_ % of \$ \_\_\_\_\_ = \_\_\_\_\_  
Rate Base Amount Indirect Costs

# Project Budget Form

## YEAR 2/PAGE 1 (IF APPLICABLE)

### SECTION 1: DETAILED BUDGET

Name of Applicant \_\_\_\_\_

#### SALARIES AND WAGES (PERMANENT STAFF)

NAME/TITLE	NO.	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
<b>TOTAL SALARIES AND WAGES</b>			<b>\$</b> _____	_____	_____

#### SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

NAME/TITLE	NO.	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
<b>TOTAL SALARIES AND WAGES</b>			<b>\$</b> _____	_____	_____

#### FRINGE BENEFITS

RATE	SALARY BASE	IMLS	COST SHARE	TOTAL
_____	% of \$ _____	_____	_____	_____
_____	% of \$ _____	_____	_____	_____
_____	% of \$ _____	_____	_____	_____
_____	% of \$ _____	_____	_____	_____
<b>TOTAL FRINGE BENEFITS</b>		<b>\$</b> _____	_____	_____

#### CONSULTANT FEES

NAME/TYPE OF CONSULTANT	RATE OF COMPENSATION (DAILY OR HOURLY)	NO. OF DAYS (OR HRS) ON PROJECT	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTAL CONSULTATION FEES</b>			<b>\$</b> _____	_____	_____

#### TRAVEL

FROM/TO	NUMBER OF: PERSONS DAYS	SUBSISTENCE COSTS	TRANSPORTATION COSTS	IMLS	COST SHARE	TOTAL
IMLS Meeting	( ) ( )	_____	_____	\$2,500	_____	_____
_____	( ) ( )	_____	_____	_____	_____	_____
_____	( ) ( )	_____	_____	_____	_____	_____
_____	( ) ( )	_____	_____	_____	_____	_____
<b>TOTAL TRAVEL COSTS</b>				<b>\$</b> _____	_____	_____

# Project Budget Form

YEAR 2/PAGE 2

## SECTION 1 CONTINUED

### MATERIALS, SUPPLIES AND EQUIPMENT

ITEM	BASIS/METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL COST OF MATERIALS, SUPPLIES &amp; EQUIPMENT</b>		<b>\$</b> _____	_____	_____

### SERVICES

ITEM	BASIS/METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL SERVICES</b>		<b>\$</b> _____	_____	_____

### OTHER

ITEM	BASIS/METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL COST OF OTHER</b>		<b>\$</b> _____	_____	_____

	IMLS	COST SHARE	TOTAL
<b>YEAR ONE DIRECT PROJECT COSTS</b>	_____	_____	_____
<b>YEAR ONE INDIRECT PROJECT COSTS CHARGED TO (see below to calculate Indirect Costs)</b>	_____	_____	_____
<b>YEAR ONE TOTAL PROJECT COSTS (Direct and Indirect Costs)</b>	_____	_____	_____

### CALCULATE INDIRECT COSTS:

IMLS will pay indirect costs only on the direct costs requested from IMLS.

Applicant is using:

- ☐ An administrative fee which does not exceed 15% of modified total direct costs charged to IMLS
- ☐ Federally negotiated cost rate that will be in effect as of October 1, 2005, or a copy of a rate proposal that is currently under consideration (enclose copy with application)

\_\_\_\_\_ % of \$ \_\_\_\_\_ = \_\_\_\_\_  
Rate Base Amount Indirect Costs

# Project Budget Form

## SECTION 2: SUMMARY BUDGET

**IMPORTANT! READ INSTRUCTIONS ON PAGE 3.16 BEFORE PROCEEDING.**

Name of Applicant \_\_\_\_\_

### DIRECT COSTS

	IMLS	COST SHARE	TOTAL
SALARIES AND WAGES	_____	_____	_____
FRINGE BENEFITS	_____	_____	_____
CONSULTANT FEES	_____	_____	_____
TRAVEL	_____	_____	_____
MATERIALS, SUPPLIES & EQUIPMENT	_____	_____	_____
SERVICES	_____	_____	_____
OTHER	_____	_____	_____
<b>TOTAL DIRECT COSTS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>TOTAL INDIRECT COSTS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

\*You may request indirect costs from IMLS only on the direct project costs requested from IMLS.

**TOTAL PROJECT COSTS** \$ \_\_\_\_\_

**AMOUNT OF CASH CONTRIBUTIONS** \$ \_\_\_\_\_

**AMOUNT OF IN-KIND CONTRIBUTIONS** \$ \_\_\_\_\_

**TOTAL AMOUNT OF COST SHARING** \$ \_\_\_\_\_  
(DIRECT AND INDIRECT COSTS)

**AMOUNT REQUESTED FROM IMLS** \$ \_\_\_\_\_  
(DIRECT AND INDIRECT COSTS)

Have you received or requested funds for any of these project activities from another federal agency? (please check one) ☐ Yes ☐ No

If yes, name of agency \_\_\_\_\_

Date of application \_\_\_\_\_ or award \_\_\_\_\_ Amount requested or received \$ \_\_\_\_\_

## Specifications for Projects Involving Digitization

1. Describe types of materials to be digitized (e.g., artifacts, maps, manuscripts, photographs, audio recordings, video recordings, motion pictures) and number of each.

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2. a. Identify copyright issues and other potential restrictions with regard to the original material:

- ☐ Public domain \_\_\_\_% of total
- ☐ Permissions have been obtained \_\_\_\_% of total
- ☐ Permissions to be requested \_\_\_\_% of total – Plan to address:
- ☐ Privacy concerns \_\_\_\_% of total – Plan to address:
- ☐ Other - Explain:

- b. Describe the terms of access and the use of digital version created by this project.

3. List the equipment, with specifications, whether purchased, leased, or outsourced, that will be used (e.g., camera, scanner, server):

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4. Specify each type of file format (e.g., TIFF, JPEG) to be produced and anticipated image quality of each (e.g., minimum resolution, depth, tone, pixel dimensions):

- ☐ Master \_\_\_\_\_
- ☐ Access \_\_\_\_\_
- ☐ Thumbnail \_\_\_\_\_
- ☐ Formats for other media (e.g., audio, video, motion picture), include sampling rates, if applicable \_\_\_\_\_

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5. Describe (1) the delivery medium that will be used and (2) the digital access management system or systems that will be used to make this material available to others. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Describe the quality control plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Estimate cost per image. Include costs such as scanning, quality control, and indexing. Indicate the basis for calculation: \_\_\_\_\_  
\_\_\_\_\_
8. Explain how content will be discovered through metadata, including which standards you will use (e.g., MARC, EAD, Dublin Core, VRA Core Categories, Categories for the Description of Works of Art): \_\_\_\_\_  
\_\_\_\_\_
9. Describe plans for preservation and maintenance of the digital files during and after the expiration of the grant period: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. If you are producing collection-level records, describe plans for submitting collection-level descriptive records to a bibliographic utility, such as Research Libraries Information Network (RLIN) or Online Computer Library Center (OCLC): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Describe plans for submitting information about the project to a public registry of digital resources: \_\_\_\_\_  
\_\_\_\_\_
12. Provide URL(s) for applicant's previously digitized collections, if applicable: \_\_\_\_\_  
\_\_\_\_\_

## Checklist for Enhancement Grant Application

Before mailing your application, please make certain that you have completed the following:

	Please check
Face Sheet (listed the tribe, Alaska Native village or corporation as the name of the applicant and signed by an authorizing official)	_____
Abstract	_____
Narrative (Includes all evaluation criteria except budget—maximum 10 pages)	_____
Project Budget	
Detailed Budget forms	_____
Summary Budget form	_____
Budget Justification	_____
Copy of current federally negotiated indirect cost rate agreement or indirect cost rate proposal, if applicable	_____
Specifications for Projects Involving Digitization, if applicable	_____
Schedule of Completion	_____
Attachments (i.e., Three-Year Plan, resumes, letters of support, etc.)	_____
Original and <b>TEN</b> copies of the complete application form	_____
Two additional copies of the Face Sheet	_____
Electronic copy of the Face Sheet, Abstract, Narrative, and Specifications for Digitization (if applicable)	_____

**Please include a copy of this completed checklist when you mail the application.**